25X1

	Approved	For Release 2000	8 E C	RET 1975-00399	2000100090089-1	
•		1	- 1			
PREPARE IN DUPL	ICATE	DD5/00-014	DDS/08-014			
1. TITLE OF REP	ORT (if a fil	I-in report include	Form No.)		2. TYPE STATISTIC	AL
					OF NARRATIVE	
Manning		DECCOMME	1 N	0		AME LISTING
a	X	PERSONNEL LOGISTICS	SECURIT		ADMIN. GENERAL OTHER (specify)	,
3. FUNCTIONAL AREA		MEDICAL	FINANCE		6. DISTRIBUTION (No. of components not	
4. NO. OF COPIE	S PREPARED	5. FREQUENCY (week	ly, monthly, quar	terly, etc.)	6. DISTRIBUTION (No. of comp number of copies)	onents not
7. FORMAT (memorandum, form computer print-out, etc)		Tri-mester			Field Areas & :	
			GIVE ADP PROCESSI		Director OC	
	MPONENT (incl information	ude lowest level	11. FEEDER RI Form No.	PORTS (State , or nomenclat	total number and identify by lure. Attach separate sheet in	Fitle, f necessary.
OC-A/PE	/AREA DES	K	None			
			12. COST F			
			PREPARATION		w costs	
GRADE	HOURLY RATE	X HOURS PER	COST PER REPORT	X PREPARED	COST PER YEAR	}
G5-14	2.81	20	56,20	3	168.80	
GS- 9	5,07	8	<u>40.56</u> 96.76		121.68 290.48	
		B. COSTS	OF COMPUTER	PRODUCED R	EPORTS	
			TOTAL COST	S PER YEAR		
13. COMPLETE DE INCLUDE DATE	E REPORT WAS	FIRST STARTED AND (PORT (In addition	n to directive ABLISHED REQUI	or authority cited in Item 9	
· · · · · · · · · · · · · · · · · · ·		<u>ນ.</u>	• FUTURE GOA	IS		
OAL PROPOSED B	COMPONENT F				ESTIMATED	
RETAIN AS CHANGE	MAN-HOURS	dollars 25X1				
DISCONTING		. NAME AND TITLE OF	DESCON ENDVISHE	NG LUFORMATION		18. EXTENSIO
30 Sept.	Approved				R000100090089-1	
FORM 112		–	Classific	ation		(22-36-